

PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

Iowa – Retaining and Recruiting Direct Support Professionals

Issue: Training, Mentoring and Increasing Awareness of Direct Support Professionals

Summary

The Iowa CareGivers Association, an independent professional organization, created the Certified Nursing Assistants (CNAs) Recruitment and Retention Project. This project focused on professionals in nursing facilities, but may be adapted to support home and community-based services providers. Based on input from CNAs, the project established training and mentoring for CNAs and increased awareness of their work. CNAs in nursing facilities that participated in the pilot experienced higher job satisfaction and retention rates than CNAs in a control group.

Introduction

Like many states, Iowa is experiencing high turnover rates for direct support professionals in both institutions and in the community. The average turnover rate of direct care workers in nursing facilities in Iowa is 60-80% and has been reported as high as 200% in some facilities. The turnover rate for Home Health

The project targeted nursing facility staff, but a similar approach may work with HCBS direct support professionals.

Aides is 40-60%. High turnover rates cost money, cause people's support to be inconsistent, and decrease the quality of life of

persons with disabilities. Meanwhile, the need for direct support professionals in the community is steadily increasing as more people seek home and community-based services.

The Iowa CareGivers Association (ICA) implemented a Certified Nursing Assistant (CNA) Recruitment and Retention Project to decrease turnover among CNAs who provide direct support in three Northwest Iowa nursing facilities. ICA is a member-driven association that provides education, information, support, and advocacy for CNAs, Home Health Aides, and other specialized direct support

professionals. The project targeted nursing facility staff, but a similar approach may work with direct support professionals in the community. The ICA's website, the project's website, project staff, and a CNA representative provided information for this report.

Intervention

ICA started the project with two years of assessment to identify interventions that may be useful. During the first year of assessment, ICA conducted two focus groups and a statewide random survey of CNAs. Based on these assessment activities, the project found that CNAs were concerned with short staffing, poor wages and benefits, lack of respect from and relationship with their supervisors, and inadequate training and orientation. The CNAs' relationship with their supervisors was the factor with the greatest influence on job satisfaction.

In the second year, ICA conducted a random statewide survey of registered nurses who supervise CNAs. Supervisors identified a lack of authority and resources to provide CNA training, a lack of knowledge regarding supervision, and insufficient time to provide supervision.

ICA then implemented a series of interventions in three nursing facilities in the small towns of Spencer, Hartley, and Estherville. Two urban facilities in Des Moines participated in interventions during the second year of the project. Three nursing facilities in the Southeast Iowa small towns of Washington, Wellman, and Mechanicsville served in the control group. ICA targeted six rural Northwest Iowa counties, which included the project's original three nursing facilities, for community awareness interventions.

Project interventions included CNA in-service trainings, CNA mentorship opportunities, and community awareness and CNA recognition initiatives. CNAs decided the in-service topics at their facilities, which included conflict resolution, caring for people with Alzheimer's Disease, communicating with dying residents and their families, communication with co-workers, and team building.

The Mentor Training Program had two goals: to enhance the orientation and skills of new CNAs and to retain veteran CNAs by providing advancement opportunities. Community college instructors were certified to teach the two-day Mentor Training Programs to instruct CNAs on how to mentor new CNAs in their facility. The community colleges also hosted Mentor Reunion meetings to provide networking opportunities for mentors. A registered nurse from Iowa Lakes Community College (ILCC) created the Mentor Training curriculum and trained new instructors.

The Mentor Training Program included six focus areas. It started with a self-assessment of the mentor's personality, values, and goals and a professional analysis to help mentors identify their career motives, needs, talents, and skills. The program then taught mentors how to combine their personality, values, and goals with the talents and skills used in their career. The Mentor Training Program also provided instruction on effective communication and team building. The final focus area of the training program was the evaluation of the mentor's progress, satisfaction with the program, and their satisfaction with the process of becoming a mentor. The program began at ILCC and expanded to 9 additional community

colleges. Facilities that chose to participate in the program gave mentors higher wages, new titles, and/or increased responsibility.

The community awareness and recognition interventions were intended to enhance CNAs' public image and foster community ownership of CNA retention and recruitment issues. A planning committee – consisting of consumers, family members, advocates, educators, providers, regulators, direct support professionals, and other stakeholders – developed and implemented the interventions. Interventions included community education programs, public awareness campaigns, recognition programs, and CNA network meetings.

The final phase of the project was evaluation and dissemination of project findings. ICA used facilities' data on CNA participation in interventions and CNA turnover rates, pre and post-test interviews, and pre and post-test job satisfaction surveys during the evaluation. Project results were disseminated via national publications, national conferences, press conferences, and public service announcements. ICA also sent project results to state legislators, Iowa's members of Congress, ICA members, community colleges, providers, and several state agencies.

Implementation

ICA successfully lobbied the Iowa General Assembly for funding to create the project. Iowa's Department of Human Services provided first-year funding of the project in October of 1998. Money from civil penalties collected from nursing homes funded the project's second year, and the Iowa Department of Elder Affairs' Senior Living Trust Fund funded the third year. The project received \$130,000 for each of the first two years and \$100,000 for the third year.

Initially, instability of funding created ongoing challenges for the project and the project's success relied on in-kind donations from a variety of state and private agencies and modest project staff wages. In 2003, ICA was awarded a three-and-one-half year, \$1.3 million Robert Wood Johnson Foundation "Better Jobs Better Care" (BJBC) demonstration grant.

ICA's BJBC grant funds are used to expand and improve the Mentor Training Program. ICA also uses the BJBC funding to develop the state registry of CNAs and home care workers, and examine alternatives for increasing health insurance coverage of direct care workers.

BJBC funds allowed the CNA Mentor curriculum to be revised for Home Care Aides. Approximately 70 direct care workers who work in the 13 Iowa BJBC provider organizations have successfully completed the Mentor Program. Penn State University is conducting the BJBC evaluation and the Iowa BJBC providers are tracking and reporting their direct care worker retention to Penn State.

During the original CNA Recruitment and Retention Project, the ICA devoted 70% of its

CNAs in facilities that the initiative targeted worked almost twice as long as CNAs in control group facilities.

1.5 FTE staff resources to the project. ICA recommends more staff resources to ensure project success. Without the pre-established

relationship with state and private agencies, ICA estimates it would have taken at least an additional one or two years to build commitment for the project from direct care workers, providers, educators, community colleges, and the communities.

The Mentor Training Program was initially challenging due to incomplete participation from facilities. The project initially did not provide tools for employers to plan how to use their mentors. Project staff later established a

Discussion Questions:

What changes would States need to make to adapt this initiative to home and community-based services?

How can States demonstrate the effectiveness of a similar initiative to justify continued funding?

training program for nursing facility administrative staff to implement a CAN Mentor Program.

Today ICA is promoting standardization in the content and delivery of the Mentor Program. ICA staff hope to ensure the program's integrity by incorporating it as a permanent part of the direct care workers' credentials on the newly expanded Iowa Direct Care Worker Registry, also made possible in part by the Iowa BJBC project.

Impact

The National Resource Center for Family Centered Practice at the University of Iowa's School of Social Work evaluated the project in December 2002. The evaluation found that facilities that provided CNA in-service trainings, support groups, and CNA mentorship opportunities had an average length of CNA employment of 18.96 months, which was significantly higher than the control group average of 10.01 months. The CNAs in the treatment group also reported greater job satisfaction.

Contact Information

For more information about the Certified Nursing Assistant Recruitment and Retention Project, please contact Pam Biklen or Diana Findley at (515)-241-8697 or lowacga@aol.com. More information about the Iowa CareGivers Association and the Certified Nursing Assistant Recruitment and Retention Project can be found online at <http://www.iowacaregivers.org>.

This report was initially written by Erin Barrett, L.S.W. for Medstat and updated by Medstat for the U.S. Centers for Medicare & Medicaid Services (CMS) as one of a series of reports highlighting promising practices in home and community-based services. The entire series will be available online at CMS' Web site, <http://www.cms.gov/promisingpractices>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.